

# DME / Wheelchair Satisfaction Survey

Children's Rehabilitative Services Program

***All information that would let someone identify you or your family will be kept private. The Arizona Department of Health Services, Office for Children with Special Health Care Needs will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the CRS benefits you receive.***

***If you want to know more about this survey, please call Kristy Benton at (602) 364-3262.***

## PHONE INTERVIEWER SCRIPT INFORMATION

CRS encounter  
system data

CRS Member Name: \_\_\_\_\_

Age \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

☐ Phone disconnected

☐ No one by that name at this phone number, **RECORD DATE, TIME AND OUTCOME**

\_\_\_\_\_

☐ No answer, **RECORD DATE, TIME AND OUTCOME**

☐ Phone answered

## WHEELCHAIR SERVICES PROVIDED TO CRS MEMBER DURING 2007

CRS encounter  
system data

DATE	SERVICE	DME PROVIDER

## **INTRODUCTION BY INTERVIEWER**

Hello, my name is {INTERVIEWER NAME} \_\_\_\_\_ calling on behalf of the Arizona Department of Health Services, Office for Children with Special Health Care Needs.

We are conducting a satisfaction survey of families who received wheelchair services through Children's Rehabilitative Services (CRS) during 2007. Your answers will help us to make the wheelchair services better.

*We need to talk with the person who lives in this household who knows the most about the wheelchair services that (CRS Member name) \_\_\_\_\_ receives through CRS.*

Is that you?

- ☐ Yes, **GO TO SURVEY INTRODUCTION**  
☐ No Who is it? \_\_\_\_\_

Is he/she available?

- ☐ Yes . May I speak with her/him? **GO TO "INTRODUCTION BY INTERVIEWER" and the "SURVEY INTRODUCTION."**  
☐ Not available, **GO TO CALL BACK.**

## **SURVEY INTRODUCTION**

*All information that would let someone identify you or your family will be kept private. You may choose to answer this survey or not. If you choose not to, this will not affect the CRS benefits you receive.*

May I ask you some questions? It should take about 10-15 minutes.

- ☐ Member/Parent/Guardian agrees. **Thank you for agreeing to participate.**  
☐ Member/Parent/Guardian refuses. **Thank you for your time. Good-bye.**

*IF THE FAMILY MEMBER DOES NOT HAVE TIME TO PARTICIPATE IN THE INTERVIEW NOW, GO TO **CALL BACK.***

{If the parent or guardian has additional questions or concerns have them call Kristy Benton at 602-354-3262.}

**CALL BACK:**

**When would be a good time for me to call back and talk with {NAME}?**

- ☐ AM \_\_\_\_\_
- ☐ PM \_\_\_\_\_
- ☐ Weekends \_\_\_\_\_
- ☐ Need Spanish speaker
- ☐ Other language \_\_\_\_\_

**1. What is your relationship to the CRS member who uses the wheelchair?**

- <sup>1</sup> ☐ Mother or father
- <sup>2</sup> ☐ Grandparent
- <sup>3</sup> ☐ Aunt / Uncle
- <sup>4</sup> ☐ Older brother or sister
- <sup>5</sup> ☐ Other relative
- <sup>6</sup> ☐ Legal guardian
- <sup>7</sup> ☐ Self
- <sup>8</sup> ☐ Someone else (specify) \_\_\_\_\_

**2. In the last year, did you ever need a wheelchair-related service that you did not get?**

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No

**3. How much of a problem was it to get a referral from CRS to the wheelchair equipment supplier?**

- <sup>1</sup> ☐ A big problem
- <sup>2</sup> ☐ A small problem
- <sup>3</sup> ☐ Not a problem
- <sup>4</sup> ☐ Does not apply

**4. Last time you needed a wheelchair-related service, how long did it take to get it?**

- <sup>1</sup> ☐ \_\_\_\_\_ days
- <sup>2</sup> ☐ \_\_\_\_\_ weeks
- <sup>3</sup> ☐ \_\_\_\_\_ months
- <sup>4</sup> ☐ did not receive service

**5. How satisfied were you with how long it took to get the service?**

- <sup>1</sup> ☐ Very satisfied
- <sup>2</sup> ☐ Satisfied
- <sup>3</sup> ☐ Dissatisfied
- <sup>4</sup> ☐ Very dissatisfied

***Now I want to ask you about when you got {service} from {DME supplier} last {date}.***

**6. Where did you get that service?**

- <sup>1</sup> ☐ Home
- <sup>2</sup> ☐ CRS clinic
- <sup>3</sup> ☐ Wheelchair supplier
- <sup>4</sup> ☐ Other \_\_\_\_\_
- <sup>5</sup> ☐ did not get the service

**7. Did they treat you with courtesy and respect?**

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No
- <sup>3</sup> ☐ Don't know

**8. Did they tell you how to use your wheelchair or wheelchair accessories?**

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No **GO TO #9**

**8a. How helpful was what they told you?**

- <sup>1</sup> ☐ Very helpful
- <sup>2</sup> ☐ Somewhat helpful
- <sup>3</sup> ☐ Not so helpful
- <sup>4</sup> ☐ Not helpful at all

**9. Did they give you written instructions on how to use the wheelchair or wheelchair accessories?**

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No **GO TO #10**

**9a. How helpful were the instructions?**

<sup>1</sup>☐ Very helpful

<sup>2</sup>☐ Somewhat helpful

<sup>3</sup>☐ Not so helpful

<sup>4</sup>☐ Not helpful at all

**10. Did they show you how to use the equipment?**

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No **GO TO #11**

**10a. How helpful was it?**

<sup>1</sup>☐ Very helpful

<sup>2</sup>☐ Somewhat helpful

<sup>3</sup>☐ Not so helpful

<sup>4</sup>☐ Not helpful at all

**11. Did they show you how to take care of the equipment?**

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No **GO TO #12**

**11a. How helpful was it?**

<sup>1</sup>☐ Very helpful

<sup>2</sup>☐ Somewhat helpful

<sup>3</sup>☐ Not so helpful

<sup>4</sup>☐ Not helpful at all

**12. Did they tell you how to get service for the equipment?**

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No

**13. Did they tell you how to get help after regular business hours?**

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No

**14. Did you ever attempt to get help after regular business hours?**

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No **GO TO #15**

**14a. Were you able to get the help that you needed?**

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No

**15. How reliable has the wheelchair been?**

<sup>1</sup>☐ Very reliable

<sup>2</sup>☐ Somewhat reliable

<sup>3</sup>☐ Somewhat unreliable

<sup>4</sup>☐ Very unreliable

**16. In the past year, have you had a problem with your equipment that you needed help with?**

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No **GO TO #17**

**16a. Did you get the help you needed?**

- <sup>1</sup>☐ Yes  
<sup>2</sup>☐ No

**16b. How long did it take to get the help?**

- <sup>1</sup>☐ \_\_\_\_\_ days  
<sup>2</sup>☐ \_\_\_\_\_ weeks  
<sup>3</sup>☐ \_\_\_\_\_ months  
<sup>4</sup>☐ I am still waiting to get the help or I never got it

**16c. How satisfied were you with how long it took your problem(s) to be settled?**

- <sup>1</sup>☐ Very satisfied  
<sup>2</sup>☐ Satisfied  
<sup>3</sup>☐ Dissatisfied  
<sup>4</sup>☐ Very dissatisfied

**16d. Overall, how satisfied were you with the help you received?**

- <sup>1</sup>☐ Very satisfied  
<sup>2</sup>☐ Satisfied  
<sup>3</sup>☐ Dissatisfied  
<sup>4</sup>☐ Very dissatisfied

**17. When decisions were made about your wheelchair-related needs, how often did {Apria, Rising Medical or Dependable} involve you as much as you wanted?**

- <sup>1</sup>☐ Always  
<sup>2</sup>☐ Somewhat  
<sup>3</sup>☐ Very little  
<sup>4</sup>☐ Not at all

**18. Overall, how well does the equipment meet your needs?**

- <sup>1</sup>☐ Very well  
<sup>2</sup>☐ Somewhat  
<sup>3</sup>☐ Poorly  
<sup>4</sup>☐ Not at all

**19. Overall, how satisfied are you with the wheelchair equipment and service provided by {Apria, Rising Medical or Dependable}?**

- <sup>1</sup>☐ Very satisfied  
<sup>2</sup>☐ Satisfied  
<sup>4</sup>☐ Dissatisfied  
<sup>5</sup>☐ Very dissatisfied

**20. Would you recommend the wheelchair provider to a friend who needed similar services?**

- <sup>1</sup>☐ Yes  
<sup>2</sup>☐ No

**Is there anything else you want to tell us about your wheelchair?**

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**This is the end of the wheelchair survey. Thank-you very much for your participation.  
If you have any questions or comments, please call  
Kristy Benton at (602) 364-3262.**